

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011141

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 5425

Registrar's No. 71

FILED MAR 26 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boeuf		Length of stay in lb 7 Yrs	c. CITY OR TOWN 1 1/4 West of Berger
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION H. Speckhals Res.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 1/4 West of Berger
3. NAME OF DECEASED (Type or print) First GEORGE Middle JACOB Last SPECKHALS		4. DATE OF DEATH Month March Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 16 1881
9. AGE (last birthday) 81		10. IF UNDER 1 YEAR Months 9 Days 5	
11. IF UNDER 24 HR Hours 5 Min.		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	
11. BIRTHPLACE (City and state or country) Berger, Mo.		12. CITIZEN OF WHAT COUNTRY RFD	
13a. FATHER'S NAME Gottfried Speckhals		13b. MOTHER'S MAIDEN NAME Elizabeth Anprill	
14. NAME OF HUSBAND OR WIFE Mrs Malvina Speckhals		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Herbert Speckhals, Berger, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE DUE TO (b) CORONARY OCCLUSION DUE TO (c) ARTERIOSCLEROSIS PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE		INTERVAL BETWEEN ONSET AND DEATH 10 MIN 30 MIN YEARS	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) DOES NOT APPLY		20c. TIME OF INJURY Hour Does Not Apply a.m. Does Not Apply p.m. Does Not Apply	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BERGER, Mo. R.R.	
21. I attended the deceased from 7:00 PM to 7:00 PM and last saw her alive on 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Paul H. Lase	
22b. ADDRESS 104 E 3rd		22c. DATE SIGNED 3-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-25-63	
23c. NAME OF CEMETERY OR CREMATORY St. Paul's Catholic Cem		23d. LOCATION (City, town, or county) Berger Mo.	
24. FUNERAL DIRECTOR Paul H. Lase		25. DATE RECD. BY LOCAL REG. 3/22/63	
26. REGISTRAR'S SIGNATURE Leola C. Hudnall			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ronald L. Groves

Licensed Embalmer No.

5187

P. O. Address

Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.